

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213528864			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: OAK RIDGE ASSOCIATED UNIVERSITIES, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F1551813</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 100 ORAU WAY MS-27</p> <p style="text-align: center;">CITY/ST/ZIP: OAK RIDGE, TN 37830</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANDY PAGE TITLE: PRESIDENT ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: OAK RIDGE, TN 37831-0117 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANDY PAGE TITLE: PRESIDENT ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: OAK RIDGE, TN 37831-0117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: IVAN A BOATNER TITLE: VP/GC ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: OAK RIDGE, TN 37831-0117 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: IVAN A BOATNER TITLE: VP/GC ADDRESS: PO BOX 117 CITY/ST/ZIP/CO: OAK RIDGE, TN 37831-0117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALICE ASTAFAN TITLE: DIRECTOR ADDRESS: AASTAFAN & ASSOCIATES CITY/ST/ZIP/CO: 1598 BARNETT CIRCLE CARMICHAEL, CA 95608 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ALICE ASTAFAN TITLE: DIRECTOR ADDRESS: AASTAFAN & ASSOCIATES CITY/ST/ZIP/CO: 1598 BARNETT CIRCLE CARMICHAEL, CA 95608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	ANTHONY DECRAPPEO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1200 NEW YORK AVE, NW SUITE 750		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		
NAME:	R. LARRY DOOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CLEMSON UNIVERSITY 300 BRACKETT HALL		
CITY/ST/ZIP/CO:	CLEMSON, SC 29634-5701		
NAME:	TAYLOR EIGHMY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF TENNESSEE 711E ANDY HOLT TOWER		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37996-0174		
NAME:	W. ROSS ELLINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FLORIDA STATE UNIVERSITY 3012 WESTCOTT BLD NORTH		
CITY/ST/ZIP/CO:	TALLAHASSEE, FL 32306-1330		
NAME:	TERRY L. HERDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA TECH WRIGHT HOUSE 0531, WEST CAMPUS DR		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061		
NAME:	KAREN A. HOLBROOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF SOUTH FLORIDA 4202 EAST FLOWER AVE, CGS101		
CITY/ST/ZIP/CO:	TAMPA, FL 33620		
NAME:	FRED L. KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD		
CITY/ST/ZIP/CO:	MORGANTOWN, WV 26506-6216		
NAME:	DALE E. KLEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF TEXAS AT AUSTIN 601 COLORADO STREET		
CITY/ST/ZIP/CO:	AUSTIN, TX 78701-2982		
NAME:	DAVID C. LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF GEORGIA 609 BOYD GRADUATE STUDIES RESEARCH BLD		
CITY/ST/ZIP/CO:	ATHENS, GA 30602-7411		
NAME:	JOHN M. MASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AUBURN UNIVERSITY 202 SAMFORD HALL		
CITY/ST/ZIP/CO:	AUBURN UNIVERSITY, AL 36849-5112		

NAME:	CHRISTINE M. MAZIAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIVERSITY OF NOTRE DAME		
CITY/ST/ZIP/CO:	300 MAIN BLD NOTRE DAME, IN 46556		
NAME:	CHRISTOPHER D. MCKINNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	GEORGIA REGENTS UNIVERSITY		
CITY/ST/ZIP/CO:	1120 15TH STREET AUGUSTA, GA 30912		
NAME:	BERNDT O. MUELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DUKE UNIVERSITY		
CITY/ST/ZIP/CO:	250 PHYSICS BLD DURHAM, NC 27708		
NAME:	FELIX A. OKOJIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	JACKSON STATE UNIVERSITY		
CITY/ST/ZIP/CO:	P.O. BOX 17057 JACKSON, MS 39217		
NAME:	J. PAUL REASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 NEW HAMPSHIRE AVE, NW #402		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037-6066		
NAME:	DAVID D. REED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MICHIGAN TECH UNIVERSITY		
CITY/ST/ZIP/CO:	1400 TOWNSEND DRIVE, 302 ADMIN BLD HOUGHTON, MI 49931-1295		
NAME:	DIANE GROB SCHMIDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11520 REED HARTMAN HIGHWAY		
CITY/ST/ZIP/CO:	SHARON WOODS INNOVATION CENTER CINCINNATI, OH 45241		
NAME:	THEODORE D. SHERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 2008		
CITY/ST/ZIP/CO:	MS 6242 OAK RIDGE, TN 37831-6242		
NAME:	PAUL E. SOKOL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	INDIANA UNIVERSITY		
CITY/ST/ZIP/CO:	2401 MILO B. SAMPSON LANE BLOOMINGTON, IN 46408		
NAME:	ZACH WAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ZACH WAMP CONSULTING		
CITY/ST/ZIP/CO:	401 CHESTNUT STREET, SUITE 226 CHATTANOOGA, TN 37402		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ IVAN A BOATNER	IVAN A BOATNER, VP/GC	6/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.